

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000092061

FILED
Apr 30, 2008
Secretary of State

Entity Name: EURO GRANDEVILLE ON SAXON, INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 1075
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4300 WEST CYPRESS STREET
SUITE 1075
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-0204102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMEURCO MANAGEMENT, INC.
4300 WEST CYPRESS STREET
SUITE 1075
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VAN OMMEN, NICK
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: EVP () Delete
Name: MARTOJO, TOM
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: VP () Delete
Name: WILKIE, MARK S
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: S (X) Delete
Name: MOBACH, MICHAEL
Address: 4300 W CYPRESS ST SUITE 1075
City-St-Zip: TAMPA, FL 33607

Title: S (X) Delete
Name: WILKIE, MARK S
Address: 4300 WEST CYPRESS ST SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VAN DER EEMS, DIRK
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: VP (X) Change () Addition
Name: SPIKER, MICHAEL E
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: S (X) Change () Addition
Name: SPIKER, MICHAEL E
Address: 4300 WEST CYPRESS STREET, SUITE 1075
City-St-Zip: TAMPA, FL 33607 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL E SPIKER

VP

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date